PRINTED: 01/06/2020 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ C B. WING IL6003735 10/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BARRINGTON ROAD **ALDEN ESTATES OF BARRINGTON** BARRINGTON, IL 60010 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S 000 S 000 Initial Comments 1997074 / IL116064 1997350 / IL116377 S9999 S9999 Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)2)3) 300.1220b)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Attachment A Section 300.1010 Medical Care Policies

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or

Electronically Signed

TITLE

Statement of Licensure Violations

(X6) DATE

11/11/19

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6003735 10/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BARRINGTON ROAD ALDEN ESTATES OF BARRINGTON BARRINGTON, IL 60010 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: All treatments and procedures shall be administered as ordered by the physician. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.1220 Supervision of Nursing Services

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The DON shall supervise and oversee the

nursing services of the facility, including:

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IL6003735 B. WING B. WING C 10/17/2019 NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF BARRINGTON SYMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROWLER STATES OF BARRINGTON SUMMARY STATEMENT OF DEFICIENCIES PREFIX FROVIDER'S LAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY) S9999 Continued From page 2 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on observations, interviews and record review, the facility failed to follow physician's order to weigh a resident, failed to notify the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on observations, interviews and record review, the facility failed to follow physician's order to weigh a resident, failed to notify the	PREFIX	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETE DATE	
physician that weights were not done, failed to notify the physician of a resident's chest x-ray result reading pulmonary venous congestion. and failed to notify the physician a resident (R2) with a high potassium level refused SPS (Sodium Polystyrene Sulfonate) Suspension, a medication used to lower potassium levels. The facility also failed to notify the physician of the resident's significant weight gain. This affected 1 out of 5 residents (R2) reviewed for improper nursing care and the same resident (R2) who was 1 of 7 reviewed for medications. These failures resulted	\$9999	3) Developing plan for each reside comprehensive ass and goals to be accand personal care a Personnel, represe nursing, activities, or modalities as are or be involved in the plan. The plan shareviewed and modifuneeded as indicated. The plan shall be remonths. Section 300.3240 A a) An owner, liemployee or agent neglect a resident. These requirements Based on observative review, the facility faorder to weigh a resphysician that weigh notify the physician result reading pulmeralled to notify the pahigh potassium le Polystyrene Sulfonaused to lower potas failed to notify the psignificant weight garesidents (R2) revieand the same residents and provide the same residents and provide the same residents and the same residents and provide the same residents.	an up-to-date resident care ent based on the resident's ressment, individual needs complished, physician's orders, and nursing needs. Inting other services such as dietary, and such other redered by the physician, shall reparation of the resident care all be in writing and shall be fied in keeping with the care all be in writing and shall be fied in keeping with the care all be the resident's condition. Eviewed at least every three all be and Neglect censee, administrator, of a facility shall not abuse or a resident, failed to notify the ents were not done, failed to of a resident's chest x-ray conary venous congestion, and hysician a resident (R2) with the vel refused SPS (Sodium and the suspension, a medication sium levels. The facility also thysician of the resident's ain. This affected 1 out of 5 wed for improper nursing care ent (R2) who was 1 of 7	S9999	DEFICIENCY			

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results; however, V25 did not return the page. V19 wrote she was going to endorse the results

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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\$9999	V27 (Nurse) stated about relaying ches stated he did not caresults. On 10/17/19 at 11:2 remember the facility x-ray results. V25 stated consistent with wat can contribute to rerespiratory distress minutes but can talloccur. V25 stated if develop respiratory. Progress note effect by V20 (Nurse Practicular or weight gain and R2 the need for daic concerns. Record review of R following orders: "One [time] weight morning for 1 Days ordered on 8/8/19 the reck weight shift for 1 Day" which start 8/10/19 "[Weight] for 2 Days" which was on 8/14/19 Review of R2's weight seview of R2's weight gain and R2 the need for daic concerns.	arse. On 10/17/19 at 3:00 PM, he did not receive report st x-ray results to V25. V27 all V25 on 8/17/19 about any 23 AM, V25 stated he does not ity notifying him of the chest stated based on findings, he bed diuretics or sent R2 to the divater in the lungs is er gain and retention which espiratory distress. V25 stated may not happen within se a couple or few days to fleft untreated a patient will distress. Stive 8/13/19 9:20 PM written citioner) reads R2's renalining and there were concerns fluid retention. V20 informed ly weights due to these 2's physician orders read the swollen extremities" which was o start 8/9/19 and relay to MD every day ch was ordered on 8/9/19 to days every day shift for 2 redered on 8/13/19 to start	\$9999			
	weights were taken	ounds taken on 8/15/19. No on 8/9/19, 8/10/19 and ous weight recorded was 200.2				

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Facility policy titled 'Weights' reads:

"Residents will be weighed to establish baseline weights and identify trends of weight loss or

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remember calling V25 (R2's Attending Physician) or V20 to inform them that R2 had refused the ordered medication. V19 stated she would have charted it if she notified V25 or V20. Progress notes do not read V19 informed V25 or V20.

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heard R2 calling for help the morning of 8/18/19. V17 stated R2 was asking to be sat up in bed because R2 felt short of breath. Per V17's progress note of the incident, R2 was agitated and requested to be repositioned "promptly." V17 stated R2 was anxious and screaming to be repositioned faster. After being repositioned, V17

unresponsive. V17 stated a code blue was called

stated R2 suddenly dozed off and was

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